

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

82

**1. PLACE OF DEATH**

5 County Berry Co  
Township Wheaton Mo  
City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 1168  
Primary Registration District No. 3042A

File No. \_\_\_\_\_  
Registered No. 1  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

James Denton Hughes

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 7 - 34  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wheaton Mo  
Berry Co

13. NAME Homer Robert Hughes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wheaton Co

15. MAIDEN NAME Elzira Almida Walters

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wheaton Co

17. INFORMANT Homer Robt Hughes  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Stella Mo DATE Jan 11 1932

19. UNDERTAKER Bellias Funeral home  
(ADDRESS) Wheaton Mo

20. FILED Feb 1 1931 E. Edmondson  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 7 1932

22. I HEREBY CERTIFY, that I attended deceased from Jan 7 1932 to Jan 7 1932

I last saw him alive on Jan 7 1932 Death is said to have occurred on the date stated above, at 5 p.m.

The principal cause of death and related causes of importance were as follows:

107A (Impossible to tell if child had whooping cough pre-ceding pneumonia)  
107A

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury ①

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) C. W. Peor M. D.  
(Address) Wheaton Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

